MAIL TO: CENTRAL REGISTRATION - FUEL UNIT DEPARTMENT FLORIDA DEPARTMENT OF REVENUE

TALLAHASSEE, FL 32314 - 6480

OF REVENUE PO BOX 6480

Assignment of Time Deposit

Please complete and submit an original form for each fuel product type or taxable pollutant. Importers <u>must</u> provide a separate form as surety for the required "Importer's Additional Bond." This form must be executed by the financial institution which holds the assigned time deposit. An applicant cannot be issued a fuel license by the Department until the proper surety is submitted. If further information is needed, please contact Central Registration at 850-488-4772.

For value received,			as A	ssignor, assigns to the
Florida Department of Revenue as		(Name of Applicant) s rights, titles, and	interest in and to the pri	ncipal sum of the Certificate
of Deposit, certificate number			, issued to th	e undersigned for a time
period of months by				
Is a standard		(Financial Institution Name)	D9
located at		(Financial Institution Address)		as Depository.
Interest or dividends on such princ any substitutions, renewals, and a	ipal sum shall be	credited and paid	monthly to the Assignor.	This assignment includes
This assignment is made as securi to the Florida Department of Revel provided by law. The Assignor is e appropriate box.)	nue and shall con	ntinue in force until	released and discharged	by the Assignee, as
() Motor Fuel pursuant to Chapte () Diesel Fuel pursuant to Chapte () Aviation Fuel pursuant to Chap	er 206, F.S.	() Importer	ve Fuel pursuant to Chap 's Additional Bond pursua s Tax pursuant to Chapte	ant to section 206.051, F.S.
Assignee is hereby authorized to control been or may be incurred after			f deposit account any an h any and all penalties a	
Assignee may not by any inference charge pertaining to the Assignor's			t account any tax, penalt 	y, interest, or any other
Depository must pay the full princip acquittance of Depository. The De obligations under Chapter 206, F.S	pository shall not	pay any portion o	f the principal balance to	
This Assignment of Time Deposit s	hall be effective a	as of the	day of	,,
Signed By:(Authorized	Signature of Assignor)		Imprint Corpora	ate Seal here:
Date:				
Title:				
Acknowledgement of Depositor assignment will be honored and ha				
(Officer Signa	ture)		(Date)	
F	or Departme	ent of Reven	ue Use Only	
Accepted:	Ву		Account No.: _	
(Date)		(Name/Title)	_	